

and give it to another. The transactional can become the enemy of the transformational.

Our former Speaker, Newt Gingrich, is famous for saying "real change requires real change." I believe that to be true. I think that is his second principle of transformation. And, more to the point, this is a time of real change, and medicine is really changing under our feet. Whether we like it or not, whether we think we can control it or not, it doesn't matter. Medicine is changing. That real change requires us to change how we think about and how we approach these problems. The old ways, the SGR formulas of the 20th century, aren't going to work in the 21st century. They cannot be allowed to impede the incredible transformation that stretches before us.

Mr. Speaker, before I wrap up, I do want to mention one additional bill that I introduced recently, and Members may want to consider adding themselves as cosponsors. It is H.R. 4190.

This is an interesting bill, because we talk in this House about what are we going to do about the uninsured. And we all sit back and think big thoughts about what we are going to do about the uninsured. Well, H.R. 4190 actually moves that process along in kind of a different way.

H.R. 4190 would take health insurance benefits away from Members of Congress. Yes, it would provide a voucher to Members of Congress to buy health insurance, but we would no longer be participants in the Federal Employee Health Benefits Plan. We would become uninsured, and it would force us to look at the market, what is available for someone who doesn't have insurance.

It might cause us to be a little more clever about some of the things we do in our Tax Code, and perhaps we wouldn't be so punitive toward people who want to individually own their insurance policy as opposed to someone who wants to get it from their employer. So it would be an entirely different way for Members of Congress to approach this problem. Quite honestly, I don't expect a long line of cosponsors when I get back to my office later tonight, but I would like for Members to think about this.

It is terribly difficult for us to come up with solutions when we are sitting back in a situation where we are insulated, we are anesthetized, where we are never going to have to face those types of decisions and those types of problems that our constituents face on a daily basis.

We also need to be more careful about how we talk about people who are uninsured. We toss around numbers and basically use them as political bludgeons or political wedges. We need to be more specific when we talk about the specific demographic groups that are contained within that large number of people who are labeled "the uninsured."

A significant number, 10 percent in some estimates, are people who are university students or just graduated from the university. These are people who are generally healthy and relatively inexpensive to insure. We ought to find a way to make that happen. We ought to find a way to at least allow the possibility and ability for that demographic group to purchase insurance. Twenty percent of the number actually earn enough money to buy health insurance. They just don't see the reason or necessity in doing so.

A lot of that is cost driven. It is price driven. We have done things to insurance policies to make them so expensive. We are unequal in our tax treatment for individuals who want to individually own their policies.

We need to look at those things, because, again, if we made the product affordable, if we made it desirable, again, if we put products out there that people would actually want, then they are more likely to participate. I think that is vastly, vastly superior to simply saying there is going to be an individual mandate or a State mandate or an employer mandate where people will be required to line up and file into these programs.

Let's approach it differently. Let's create the programs so that people want them, rather than creating the condition that forces people into programs that maybe they want and maybe they don't want, but we will never know because we never ask.

But we can be more insightful. In fact, we can be more valuable to the American people if we will think about things in terms of who is involved in the demographics of that large group of the number of uninsured, and how can we best approach that in a way that we are producing or providing the environment for them to be able to have that insurance coverage that they desire.

Well, there is a lot left unsaid at this point. I do appreciate the indulgence of the Chair.

SPECIAL ORDERS GRANTED

By unanimous consent, permission to address the House, following the legislative program and any special orders heretofore entered, was granted to:

(The following Members (at the request of Mr. CLEAVER) to revise and extend their remarks and include extraneous material:)

Mr. CLYBURN, for 5 minutes, today.

Mr. ALLEN, for 5 minutes, today.

Mr. CLEAVER, for 5 minutes, today.

Mr. LARSON of Connecticut, for 5 minutes, today.

Ms. WOOLSEY, for 5 minutes, today.

Mr. DEFazio, for 5 minutes, today.

Mr. SPRATT, for 5 minutes, today.

(The following Members (at the request of Mr. POE) to revise and extend their remarks and include extraneous material:)

Mr. POE, for 5 minutes, December 19.

Mr. JONES of North Carolina, for 5 minutes, December 19.

Mr. LAHOOD, for 5 minutes, today.

(The following Member (at his own request) to revise and extend his remarks and include extraneous material:)

Mr. ENGEL, for 5 minutes, today.

SENATE BILL REFERRED

A bill of the Senate of the following title was taken from the Speaker's table and, under the rule, referred as follows:

S. 793. An act to provide for the expansion and improvement of traumatic brain injury programs; to the Committee on Energy and Commerce.

ENROLLED BILLS SIGNED

Ms. Lorraine C. Miller, Clerk of the House, reported and found truly enrolled bills of the House of the following titles, which were thereupon signed by the Speaker:

H.R. 365. An act to provide for a research program for remediation of closed methamphetamine production laboratories, and for other purposes.

H.R. 4252. An act to provide for an additional temporary extension of programs under the Small Business Act and the Small Business Investment Act of 1958 through May 23, 2008, and for other purposes.

BILLS PRESENTED TO THE PRESIDENT

Lorraine C. Miller, Clerk of the House reports that on December 11, 2007 she presented to the President of the United States, for his approval, the following bills.

H.R. 710. To amend the National Organ Transplant Act to provide that criminal penalties do not apply to paired donations of human kidneys, and for other purposes.

H.R. 3315. To provide that the great hall of the Capitol Visitor Center shall be known as Emancipation Hall.

H.R. 3688. To implement the United States-Peru Trade Promotion Agreement.

H.R. 4118. To exclude from gross income payments from the Hokie Spirit Memorial Fund to the victims of the tragic event at Virginia Polytechnic Institute & State University.

ADJOURNMENT

Mr. BURGESS. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 10 o'clock and 53 minutes p.m.), the House adjourned until tomorrow, Thursday, December 13, 2007, at 10 a.m.

EXECUTIVE COMMUNICATIONS, ETC.

Under clause 8 of rule XII, executive communications were taken from the Speaker's table and referred as follows:

4522. A letter from the Administrator, Department of Agriculture, transmitting the Department's final rule — Watermelon Research and Promotion Plan; Assessment Increase [Doc. No. AMS-FV-07-0038; FV-07-701] received December 10, 2007, pursuant to 5